

Cardiac Arrest Check List

- ☐ Resuscitation leader identified (has minimal direct patient contact)
- ☐ Monitor is visible and a dedicated provider is viewing the rhythm with all leads attached
- ☐ Monitor is in PADS mode
- ☐ Metronome confirmed continuous compressions are ongoing at 100-120 compressions per minute
- ☐ Avoid hyperventilation
- ☐ Defibrillator charged at 1:45 min of 2 min cycle
- ☐ Defibrillations occurring at 2 minute intervals for shockable rhythms
- ☐ O₂ cylinder with oxygen in it is attached to BVM
- ☐ EtCO₂ waveform is present and value is being monitored, if EtCO₂ < 20 quality of chest compressions are evaluated
- ☐ IV access obtained (IV or IO)*
- ☐ Underlying cause has been considered and treated early in arrest
- ☐ Gastric distention addressed with placement of OGT*
- ☐ Tension PTX has been considered
- ☐ Family is receiving care and is at the patient's side

* Procedures are provider level specific

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Post Arrest - ROSC Checklist

- ☐ DO NOT MOVE the patient for 10 minutes
- ☐ Assess EtCO₂ (should be > 20 with good waveform, do not try to obtain a "normal" EtCO₂ by increasing respiratory rate)
- ☐ Finger on pulse maintain for 10 minutes
- ☐ Continuous visualization of cardiac monitor rhythm
- ☐ Check O₂ supply and SpO₂ and titrate to SpO₂ of 94-99%
- ☐ Obtain 12 lead ECG
- ☐ Treat bradycardia (< 60 bpm)
- ☐ Obtain blood pressure (vasopressor agent(s) as indicated)
- ☐ Evaluate for post-resuscitative airway placement (e.g, endotracheal tube)
- ☐ Sedation as required (perform and document neurologic examination prior)
- ☐ When patient is moved, perform CONTINUOUS PULSE CHECK and continuous monitoring of cardiac rhythm
- ☐ Mask is available for BVM in case advanced airway fails
- ☐ Once in ambulance, confirm pulse, breath sounds, SpO₂, EtCO₂, and cardiac rhythm
- ☐ Appropriate personnel for transport
- ☐ Appropriate point of entry (CCL capable facility for STEMI or patients requiring cardiac pacing, pediatric specialty care facility for pediatric patient)

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